

APPLICATION FOR DUPLICATE RENEWABLE CERTIFICATE

Complete this form and return it to the Board of Nursing office with a check or money order in the amount of \$10.00.

I hereby request that the Idaho Board of Nursing issue a duplicate licensure certificate for the following reason:

(√ applicable reason)

_____ My certificate was lost or stolen*.

_____ I have never received the certificate issued to me*.

_____ Name Change. You must submit legal proof of the name change **and** return the certificate currently in your possession before a new certificate can be issued.

_____ Other - Please explain.

*Explain on reverse the circumstances surrounding the loss, theft or non-receipt of your licensure certificate and what steps you have taken for recovery, i.e., report made to police, inquiry at post office or former place of residence.

Sign this application, have it notarized and return it to the Board of Nursing.

Name (please print): _____

Please √ the license(s) for which you are requesting a duplicate:

_____ RN	License Number _____	Expiration Date _____
_____ LPN	License Number _____	Expiration Date _____
_____ APPN	License Number _____	Expiration Date _____

Signature _____

Address _____

(NOTARY SEAL)

City/State/Zip _____

On this ____ day of _____ in the year of _____, before me _____

_____, a notary public, personally appeared _____

_____ known or identified to me, to be the person whose name is

subscribed to the within instrument, and acknowledged to me that he/she executed the same.

Witness my hand and official seal _____

My Commission Expires _____

Notary Public